

January-March 2010

Cases/Clusters of Interest

January 2010:

Plague in a Cougar, Teton County

The Wyoming Department of Health (WDH) was notified that a Wyoming field biologist had come in contact with a plague infected cougar in Teton County. A fluorescent antibody test was preformed on tissue samples and swabs which were positive for plague. Confirmatory test results (isolation of the bacterium *Yersinia pestis*) were attempted but the samples were too contaminated to obtain a bacterial isolate. Epidemiologic follow up with the field biologist and others revealed no human illness. Epidemiologists reviewed proper animal handling procedures to minimize potential human exposures.

Q Fever, Campbell County

WDH was notified of a potential case of Q fever. The patient exhibited signs and symptoms of Q fever. Epidemiologic follow up revealed no significant exposures that would be of public health concern.

Multi State Salmonella Outbreak

Public health officials from Colorado, Wyoming, and Utah are investigating an ongoing outbreak of Salmonella serotype Newport. To date, 3 Wyoming residents are molecularly linked via PFGE to the outbreak. The majority of cases are from Colorado and the illness is suspected of being associated with Hatch green chiles. One Wyoming case was identified in July in Laramie County, but it was not known then that the case patient was associated with this outbreak. Two cases were identified in January 2010 in Carbon County, Wyoming. These cases are known to be epidemiologically-linked and one is known to have eaten the implicated Hatch green chiles (grown in Colorado). One of the Carbon County case patients is known to have sold tamales to the other Carbon County case patient. The investigation is ongoing.

February 2010:

GI Outbreak, Hot Springs County

WDH was notified by nursing staff in a long term care facility in Hot Springs county that the facility had experienced an outbreak of gastroenteritis in mid-January. A total of 26 residents and 8 staff members experienced some form of gastrointestinal illness,. The symptoms were consistent with viral gastroenteritis. No laboratory testing was conducted.

GI Outbreak, Sweetwater County

WDH was notified by nursing staff of a long term care facility in Sweetwater county that the facility was experiencing an outbreak of gastroenteritis. Ten staff members and 29 residents were reported to be ill. One stool culture was performed on an ill resident. The culture was negative. The stool was not tested for noroviruses.

GI Outbreak, Albany County

WDH was notified of a potential outbreak of gastroenteritis at a school in Albany County. The WDH worked collaboratively with the City of Laramie to conduct an investigation. Epidemiologists determined that 8 students and staff were found to be ill with gastroenteritis. One staff member submitted a stool specimen and was found to be positive for norovirus genogroup II. For prevention measures, public health officials recommended to increase handwashing among students and staff, to have teachers monitor and supervise students when washing their hands, to increase disinfection of environmental surfaces at the school (using a 10% bleach solution). The illness was likely transmitted via direct person-to-person transmission and via contact with contaminated environmental surfaces.

March 2010:

Q Fever, Weston County

WDH was notified of a probable Q fever case in a Weston County resident. The patient exhibited signs and symptoms of Q fever. Epidemiologic follow up revealed no significant exposures that would be of public health concern.

Influenza Update:

There were 5 lab confirmed* influenza cases reported for MMWR week 12 (ending 3/27/2010). From May 24, 2009 (MMWR Week 21) through March 20, 2010 (MMWR week 11), 4150 laboratory confirmed cases of influenza have been reported; of those 729 were subtyped as Type A (H1N1) swine-like, 17 were subtyped as Type A (H3N2), 3 were an unknown subtype of influenza A, 2877 were Type A (not subtyped), 43 were influenza Type B, and 481 were unknown. Since October 2, 2009, 100% of influenza A specimens tested at the PHL have subtyped as Influenza A (H1N1) swine-like.

*Lab confirmed case = a case confirmed by rapid diagnostic testing, DFA, IFA, PCR or culture

Changes to the TB Program:

Beginning January 1, 2010 there will be a new procedure to order TB skin testing supplies (Aplisol and syringes), as well as reporting the results of testing via the TB Skin Test Summary.

Please access the TB skin test supply order form and TB skin test summary on the TB Program link of the Wyoming Department of Health website (<http://wdh.state.wy.us/PHSD/tb/index.html>).

You will need to go the TB program site (above) and fill out the forms which will be automatically submitted to the program via a secure email (tbsupplies@health.wyo.gov). You may also fill out these forms and submit them via fax; to 307.777.5279.

Other TB Program changes:

Please place orders for any skin testing supplies you anticipate using in a 3 month period. (If you need additional supplies during this time period please place them this way.)

Please continue to report TB skin test results via the updated TB skin test summary (<http://wdh.state.wy.us/PHSD/tb/index.html>). You may also report skin tests for the same 3 month time frame.

Supply orders will only be filled on Tuesdays and Wednesdays and orders will not be taken over the phone. Please use these new forms!!

If you have any questions or concerns please feel free to contact Canyon Hardesty, TB/STD Program Manager at 307.777.8939 or canyon.hardesty@health.wyo.gov. We thank you for your cooperation during this transition and welcome comments about this new process.

Beginning March 1st, 2010 there will be a new procedure for ordering TB medications for patients with Latent or Active TB disease as well as receiving authorization for payment of chest x-rays and liver function tests.

Tuberculosis Communication Exchange Form: When reporting either a Latent or Active TB case, clinics must use the corresponding Tuberculosis Communication Exchange Form. Prescriptions will not be filled unless a TB Communication Exchange Form has been completed for the patient and submitted to the Wyoming Department of Health TB Program with the appropriate prescriptions attached.

Once a patient has completed or ended treatment for any reason, the Tuberculosis Communication Exchange Form must be updated with the additional patient information including date of completion and/or reasons for discontinuing therapy. This updated form must be re-submitted to the TB Program.

Authorization for X-Ray's and Liver Function Tests: The Prior Authorization Request Form must be filled out and submitted to the Wyoming Department of Health TB Program before any agreement for payment will be made.

Please access the Tuberculosis Communication Exchange Form and Prior Authorization Request Form on the TB Program link of the Wyoming Department of Health website (<http://wdh.state.wy.us/PHSD/tb/index.html>). Both of these forms can be mailed or faxed to the Wyoming Department of Health TB Program at 307-777-5279.

If you have any questions or concerns please feel free to contact Canyon Hardesty, TB/STD Program Manager at 307.777.8939 or canyon.hardesty@health.wyo.gov. We thank you for your cooperation during this transition and welcome comments about this new process.

FDA Press Release: March 26, 2010

Public Health Agencies Warn of Outbreaks Related to Drinking Raw Milk

Latest outbreak of campylobacteriosis in Midwest is linked to unpasteurized product

The U.S. Food and Drug Administration, along with several state agencies, is alerting consumers to an outbreak of campylobacteriosis associated with drinking raw milk. At least 12 confirmed illnesses have been recently reported in Michigan. Symptoms of campylobacteriosis include diarrhea, abdominal pain and fever.

The FDA is collaborating with the Michigan Department of Community Health (MDCH), the Illinois Department of Public Health, the Indiana State Board of Animal Health and the Indiana State Health Department, to investigate the outbreak. MDCH reports that, as of March 24, 2010, it received reports of 12 confirmed cases of illness from *Campylobacter* infections in consumers who drank raw milk. The raw milk originated from Forest Grove Dairy in Middlebury, Ind.

Raw milk is unpasteurized milk from hooved mammals, such as cows, sheep, or goats. Raw milk may contain a wide variety of harmful bacteria – including *Salmonella*, *E. coli* O157:H7, *Listeria*, *Campylobacter* and *Brucella* -- that may cause illness and possibly death. Public health authorities, including FDA and the Centers for Disease Control and Prevention, have expressed concerns about the hazards of drinking raw milk for decades.

Symptoms of illness caused by various bacteria commonly found in raw milk may include vomiting, diarrhea, abdominal pain, fever, headache and body ache. Most healthy individuals recover quickly from illness caused by raw milk. However, some people may have more severe illness, and the harmful bacteria in raw milk can be especially dangerous for pregnant women, the elderly, infants, young children and people with weakened immune systems.

If consumers of raw milk are experiencing one or more of these symptoms after consuming raw milk or food products made from raw milk, they should contact their health care provider immediately.

Since 1987, the FDA has required all milk packaged for human consumption to be pasteurized before being delivered for introduction into interstate commerce. Pasteurization, a process that

heats milk to a specific temperature for a set period of time, kills bacteria responsible for diseases, such as listeriosis, salmonellosis, campylobacteriosis, typhoid fever, tuberculosis, diphtheria and brucellosis. FDA's pasteurization requirement also applies to other milk products, with the exception of a few aged cheeses.

From 1998 to 2008, 85 outbreaks of human infections resulting from consumption of raw milk were reported to CDC. These outbreaks included a total of 1,614 reported illnesses, 187 hospitalizations and 2 deaths. Because not all cases of foodborne illness are recognized and reported, the actual number of illnesses associated with raw milk likely is greater.

Proponents of drinking raw milk often claim that raw milk is more nutritious than pasteurized milk and that raw milk is inherently antimicrobial, thus making pasteurization unnecessary. There is no meaningful nutritional difference between pasteurized and raw milk, and raw milk does not contain compounds that will kill harmful bacteria.

For more on the raw milk, please visit www.foodsafety.gov.